

Assembly Bill No. 16

Passed the Assembly August 7, 2008

Chief Clerk of the Assembly

Passed the Senate July 7, 2008

Secretary of the Senate

This bill was received by the Governor this _____ day
of _____, 2008, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

An act to amend Section 1367.66 of, and to add Section 1367.661 to, the Health and Safety Code, and to amend Section 10123.18 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 16, Evans. Human papillomavirus vaccination.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Under existing law, a plan and a health insurer that include coverage for the treatment or surgery of cervical cancer are deemed to provide coverage, upon the referral of a patient's physician and surgeon, a nurse practitioner, or a certified nurse midwife providing care to the patient and operating within the scope of practice permitted for the licensee, for an annual cervical cancer screening test.

This bill would instead require the referral to be from the licensed health care practitioner who is providing care to the patient and operating within the scope of practice permitted for the licensee. The bill would also expand the coverage to include a human papillomavirus vaccination, as specified.

Because the bill would specify additional requirements for health care service plans, the willful violation of which would be a crime, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

The people of the State of California do enact as follows:

SECTION 1. Section 1367.66 of the Health and Safety Code is amended to read:

1367.66. (a) Every individual or group health care service plan contract, except for a specialized health care service plan, that is issued, amended, or renewed, on or after January 1, 2002, and that includes coverage for treatment or surgery of cervical cancer shall also be deemed to provide coverage for an annual cervical cancer screening test upon the referral of the licensed health care practitioner who is providing care to the patient and operating within the scope of practice permitted for the licensee.

The coverage for an annual cervical cancer screening test provided pursuant to this section shall include the conventional Pap test, a human papillomavirus screening test that is approved by the federal Food and Drug Administration, and the option of any cervical cancer screening test approved by the federal Food and Drug Administration, upon the referral of the licensed health care practitioner who is providing care to the patient and operating within the scope of practice permitted for the licensee.

(b) Nothing in this section shall be construed to establish a new mandated benefit or to prevent application of deductible or copayment provisions in an existing plan contract.

SEC. 2. Section 1367.661 is added to the Health and Safety Code, to read:

1367.661. Every individual or group health care service plan contract, except for a specialized health care service plan, that is issued, amended, or renewed on or after January 1, 2009, and that includes coverage for treatment or surgery of cervical cancer shall also be deemed to provide coverage for a human papillomavirus vaccination upon the referral of the licensed health care practitioner who is providing care to the patient and operating within the scope of practice permitted for the licensee, in accordance with the recommendations of the Advisory Committee on Immunization Practices to the Centers for Disease Control and Prevention.

SEC. 3. Section 10123.18 of the Insurance Code is amended to read:

10123.18. (a) Every individual or group policy of health insurance that provides coverage for hospital, medical, or surgical benefits, that is issued, amended, or renewed, on or after January

1, 2002, and that includes coverage for treatment or surgery of cervical cancer shall also be deemed to provide coverage, upon the referral of the licensed health care practitioner who is providing care to the patient and operating within the scope of practice permitted for the licensee, for an annual cervical cancer screening test.

The coverage for an annual cervical cancer screening test provided pursuant to this section shall include the conventional Pap test, a human papillomavirus screening test that is approved by the federal Food and Drug Administration, and the option of any cervical cancer screening test approved by the federal Food and Drug Administration, upon the referral of the licensed health care practitioner who is providing care to the patient and operating within the scope of practice permitted for the licensee.

(b) Every individual or group policy of health insurance that provides coverage for hospital, medical, or surgical benefits, that is issued, amended, or renewed, on or after January 1, 2009, and that includes coverage for treatment or surgery of cervical cancer shall also be deemed to provide coverage for a human papillomavirus vaccination upon the referral of the licensed health care practitioner who is providing care to the patient and operating within the scope of practice permitted for the licensee, in accordance with the recommendations of the Advisory Committee on Immunization Practices to the Centers of Disease Control and Prevention.

(c) Nothing in this section shall be construed to require an individual or group policy to cover treatment or surgery for cervical cancer or to prevent application of deductible or copayment provisions contained in the policy or certificate, nor shall this section be construed to require that coverage under an individual or group policy be extended to any other procedures.

(d) This section shall not apply to vision only, dental only, accident only, specified disease, hospital indemnity, Medicare supplement, CHAMPUS supplement, long-term care, or disability income insurance. For accident only, hospital indemnity, or specified disease insurance, coverage for benefits under this section shall apply only to the extent that the benefits are covered under the general terms and conditions that apply to all other benefits under the policy or certificate. Nothing in this section shall be

construed as imposing a new benefit mandate on accident only, hospital indemnity, or specified disease insurance.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

Approved _____, 2008

Governor